

**UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA**  
**(DISTRICT, PRETRIAL, PROBATION)**

**LANGUAGE-SKILLED INTERPRETERS - STATEMENT OF SERVICES**

INTERPRETER NAME \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_  
FIRM NAME (Payee if different) \_\_\_\_\_ PURCHASE ORDER NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ SOC SEC/TAX ID (Payee) \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PHONE/E-MAIL \_\_\_\_\_

LANGUAGE \_\_\_\_\_ DATE \_\_\_\_\_ TIME (from) \_\_\_\_\_ (to) \_\_\_\_\_ HOURS \_\_\_\_\_  
CASE NUMBER(s) \_\_\_\_\_ DEFENDANT(s) \_\_\_\_\_  
TYPE OF PROCEEDING \_\_\_\_\_ JUDGE \_\_\_\_\_  
COURT UNIT \_\_\_\_\_  
(i.e., Pretrial, Probation, District Court)

LANGUAGE \_\_\_\_\_ DATE \_\_\_\_\_ TIME (from) \_\_\_\_\_ (to) \_\_\_\_\_ HOURS \_\_\_\_\_  
CASE NUMBER(s) \_\_\_\_\_ DEFENDANT(s) \_\_\_\_\_  
TYPE OF PROCEEDING \_\_\_\_\_ JUDGE \_\_\_\_\_  
COURT UNIT \_\_\_\_\_  
(i.e., Pretrial, Probation, District Court)

**Note:** Interpreting fees are cumulative. Therefore, only one fee (half-day or daily rate) will be paid, even though the interpreter may have worked for more than one officer or court unit in a single day.

Did you interpret for another case/proceeding during the day? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please provide the following information:

Court Unit \_\_\_\_\_ Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_ Time (from) \_\_\_\_\_ (to) \_\_\_\_\_ Hours \_\_\_\_\_  
Court Unit \_\_\_\_\_ Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_ Time (from) \_\_\_\_\_ (to) \_\_\_\_\_ Hours \_\_\_\_\_

**INTERPRETING FEES:**

Half Day: (4 hours or less - \$100); Daily: (more than 4 hours - \$181) TOTAL HOURS \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

[new rates effective 1/2/2008]

**TRAVEL EXPENSES (if applicable)**

Parking: \$ \_\_\_\_\_  
Mileage: \_\_\_\_\_ miles\* @ .505 per mile = \$ \_\_\_\_\_  
Other: Description: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL TRAVEL \$ \_\_\_\_\_

**Note:** Travel expenses are authorized by the contract only if interpreter lives 30 miles or more from the court location.

**TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_**

SIGNATURE OF INTERPRETER \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF OFFICER/COURT OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF COURT SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL or DELIVER STATEMENT TO:**

U.S. District Court - District of Nebraska  
Shared Administrative Services, Attn: Deb Wesely  
111 S. 18<sup>th</sup> Plaza, Suite 1152  
Omaha, NE 68102-1322

**Note:** Statements of Services form should be submitted within 30 days of contract performance.